



COLLECTION BUREAU OF THE HUDSON VALLEY, INC.

CBHV Reference #:  
[REDACTED] 2379Balance Due:  
\$387.11

DATE: 08/24/17

Change of Address ☐

(fill out on reverse side)

1 MB \*A-01-MOB-AM-02858-10

CAROLYN MCKEOWN  
197 NINA ST  
HOLBROOK NY 11741-4609

Please write your CBHV Reference # on your check.

Please send correspondence to this address.

CBHV  
PO BOX 831  
NEWBURGH NY 12551-0831

DETACH HERE

Dear CAROLYN MCKEOWN:

This past due account has been placed for collection.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please see reverse side for important information.

Creditor	Account Number	CBHV Reference #	Transaction Date	Balance Due
OPTIMUM.	[REDACTED] 068-6	[REDACTED] 2379	07/18/17	\$387.11

Phone or Web Payment

For inquiries or to make a payment by phone, please call  
MR STEWART at (888) 913-7489 or (201) 350-8767.  
To make a secure payment online, please visit  
[www.cbhv.com/make-online-payment](http://www.cbhv.com/make-online-payment)

**Collection Bureau of the Hudson Valley, Inc. - Address and Office Hours (Eastern Time):**

PO Box 831 • 155 North Plank Road • Newburgh, NY 12550  
Monday through Thursday: 8:30 AM – 9:00 PM • Friday: 8:30 AM – 5:00 PM • Saturday: 8:30 AM – 12:30 PM  
Phone: (845) 561-6880 • (800) 745-1395 • Fax: (845) 913-7403

Member of ACA International Since 1975

IF ANY OF THE FOLLOWING HAS CHANGED, PLEASE INDICATE AND RETURN

Your name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Street: \_\_\_\_\_ Business Phone \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

Method of Payment (check one) Insurance Co. \_\_\_\_\_

Check Enclosed \_\_\_\_\_ Visa \_\_\_\_\_ Address \_\_\_\_\_

MasterCard \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_

Acct # \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Subscriber: \_\_\_\_\_

Charge Amount: \_\_\_\_\_ Subscriber SS#: \_\_\_\_\_

Signature \_\_\_\_\_

**New York City**

New York City Department of Consumer Affairs License Number: 0905924

There is a \$20.00 fee for returned checks.

**THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR AND ANY INFORMATION  
OBTAINED WILL BE USED FOR THAT PURPOSE.**



COLLECTION BUREAU OF THE HUDSON VALLEY, INC.

CBHV Reference #:  
172261100Balance Due:  
\$400.13

DATE: 08/16/17

Please write your CBHV Reference # on your check.

Change of Address ☐

(fill out on reverse side)

1 AB \*A-01-AV3-AM-04488-16

KAROL ESPINAL  
7 LOCUST AVE  
BABYLON NY 11702-2207

Please send correspondence to this address.

CBHV  
PO BOX 831  
NEWBURGH NY 12551-0831

DETACH HERE

Dear KAROL ESPINAL:

This past due account has been placed for collection.

Unless you notify this office within 30 days after receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will assume this debt is valid. If you notify this office in writing within 30 days from receiving this notice that you dispute the validity of this debt, or any portion thereof, this office will obtain verification of the debt or obtain a copy of a judgment and mail you a copy of such judgment or verification. If you request of this office in writing within 30 days after receiving this notice this office will provide you with the name and address of the original creditor, if different from the current creditor.

Please see reverse side for important information.

Creditor	Account Number	CBHV Reference #	Transaction Date	Balance Due
OPTIMUM.	██████████562-5	██████████1100	07/10/17	\$400.13

Phone or Web Payment

For inquiries or to make a payment by phone, please call  
MR STEWART at (888) 913-7489 or (973) 721-6367.  
To make a secure payment online, please visit  
[www.cbhv.com/make-online-payment](http://www.cbhv.com/make-online-payment)

**Collection Bureau of the Hudson Valley, Inc. - Address and Office Hours (Eastern Time):**

PO Box 831 • 155 North Plank Road • Newburgh, NY 12550  
Monday through Thursday: 8:30 AM – 9:00 PM • Friday: 8:30 AM – 5:00 PM • Saturday: 8:30 AM – 12:30 PM  
Phone: (845) 561-6880 • (800) 745-1395 • Fax: (845) 913-7403

Member of ACA International Since 1975

Your name: \_\_\_\_\_ Home Phone \_\_\_\_\_  
Street: \_\_\_\_\_ Business Phone \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Method of Payment (check one) Insurance Co. \_\_\_\_\_  
Check Enclosed \_\_\_\_\_ Visa \_\_\_\_\_ Address \_\_\_\_\_  
MasterCard \_\_\_\_\_ Group # \_\_\_\_\_ ID# \_\_\_\_\_  
Acct # \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Subscriber: \_\_\_\_\_  
Charge Amount: \_\_\_\_\_ Subscriber SS#: \_\_\_\_\_  
Signature \_\_\_\_\_

**New York City**

New York City Department of Consumer Affairs License Number: 0905924

There is a \$20.00 fee for returned checks.

**THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR AND ANY INFORMATION  
OBTAINED WILL BE USED FOR THAT PURPOSE.**



COLLECTION BUREAU OF THE HUDSON VALLEY, INC.

Please send correspondence to Address:

PO Box 831  
Newburgh NY 12551-0831

CREDITOR	ACCOUNT NUMBER	CBHV REFERENCE #	TRANSACTION DATE
OPTIMUM.	280-4	4547	05/09/17
SERVICE BALANCE	EQUIPMENT BALANCE	TOTAL BALANCE	
\$448.43	\$0.00	\$448.43	

07/31/17

**NOTICE OF INTENT**

Dear JOHANNE JOSEPH:

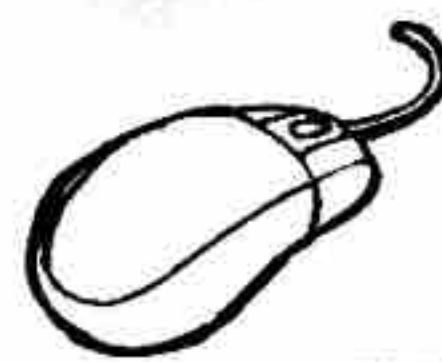
Our records indicate there is still a balance on this past due account. Please respond to this letter within seven days or we may take additional collection efforts.

The creditor shown above has authorized us to submit this account to the nationwide credit reporting agencies. As required by law, you are hereby notified that a negative credit report reflecting on your credit record may be submitted to a credit reporting agency if you fail to fulfill the terms of your credit obligations.

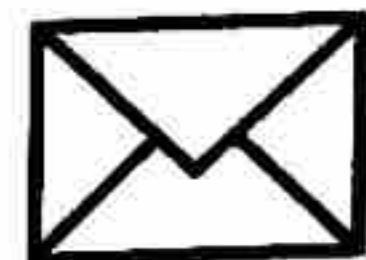
Payment can be made by check, check by phone, money order, credit card, debit card, or by visiting our website at [www.cbhv.com/make-online-payment](http://www.cbhv.com/make-online-payment).



For inquiries or to make a payment by phone, please call  
MR STEWART at  
(888) 913-7489 or (973) 721-6367



To make a secure payment online, please visit  
[www.cbhv.com/make-online-payment](http://www.cbhv.com/make-online-payment)



Please mail payments or correspondence to:  
CBHV  
PO Box 831,  
Newburgh NY 12551-0831  
Please write your CBHV Reference # on your check.  
CBHV Reference # 4547



For equipment return locations, please visit [www.cbhv.com/locations](http://www.cbhv.com/locations)  
For instructions to return by mail, please visit  
[www.optimum.net/pages/equipmentShippingInstructions.html](http://www.optimum.net/pages/equipmentShippingInstructions.html)

**New York City**

New York City Department of Consumer Affairs License Number: 0905924

**THIS IS AN ATTEMPT TO COLLECT A DEBT BY A DEBT COLLECTOR AND ANY INFORMATION OBTAINED WILL BE USED FOR THAT PURPOSE.**

**Collection Bureau of the Hudson Valley, Inc. - Address and Office Hours (Eastern Time):**

PO Box 831 • 155 North Plank Road • Newburgh, NY 12550  
Monday through Thursday: 8:30 AM – 9:00 PM • Friday: 8:30 AM – 5:00 PM • Saturday: 8:30 AM – 12:30 PM  
Phone: (845) 561-6880 • (800) 745-1395 • Fax: (845) 913-7403

Member of ACA International Since 1975